ADOPT-226

		ADOI 1-ZZ
А	TTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
-		
	TELEPHONE NO.: FAX NO. (Optional):	
E	-MAIL ADDRESS (Optional):	
	ATTORNEY FOR (Name):	
	SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
	STREET ADDRESS:	
	MAILING ADDRESS:	
	CITY AND ZIP CODE:	
	BRANCH NAME:	
	CASE NAME:	
		CASE NUMBER.
	NOTICE OF AGENCY INDEPENDENT ADOPTION PROCEEDINGS FOR A POSSIBLE INDIAN CHILD	CASE NUMBER:
	e recipient of this notice is requested to provide confirmation of the child's Indian status to ed in item 5 on this page.	the social worker or service provider
	OTICE is mailed to the following <i>(check all that apply):</i>	
	Parent Tribe Indian custodian	
1	a. Child's name:	
٠.	b. Date of birth:	
	c. Place of birth (city, state, and, if applicable, reservation):	
2.	Child may be eligible for membership in the following tribe or band (name each):	
2	Discourage into a sufficient of shills means be subject to a significant as an arrange such in the fall	
3.	Please provide confirmation of child's membership or eligibility for membership to the folloa. Name:	owing:
	b. Organization:	
	c. Street address:	
	d. City, state, zip code:	
	Adoption agency Adoption service provider Attorney for (specify)	:
4.	a. Indian custodian (name each):	
	b. Tribe (name each):	
5.	Social worker or service provider who has witnessed relinquishment or consent:	
٠.		hone number:
	b. Address: e. E-ma	il address:
	c. City, state, zip code:	
6.	NOTICE OF HEARING	
	a. Date: Dept.: Time: Type	of hearing:
	b. Location: the above court address another address (specify):	

		ADOPT-226
CASE NAME:	CASE NUMBER:	
_		
7. Under the Indian Child Welfare Act and California law:		

- a. The biological or adoptive parents, any Indian custodian, and the child's tribe have the right to be present at all hearings.
- b. The biological or adoptive parents, any Indian custodian, and the child's tribe have the right to intervene in the proceedings.
- c. If the parents or custodians have a right to be represented by a lawyer and if they cannot afford to hire one, a lawyer will be appointed for them.
- d. The date, time, and place of the hearing are shown on the first page of this form.
- e. If all other notices required by law have been given to an Indian tribe, that Indian tribe is encouraged to notify the Department of Social Services and the licensed adoption agency or adoption service provider, no later than five calendar days before the date of the final adoption hearing, whether it intends to intervene in the proceeding, either on its own behalf or on behalf of a tribal member who is a relative of the child.

INFORMATION ON CHILD WHO IS THE SUBJECT OF A VOLUNTARY ADOPTION PROCEEDING

Indicate if any of the information in items 8–18 is unknown or nonapplicable. Attach any information that may be of assistance in determining the child's Indian status, including names and addresses of extended family members who may have Indian heritage.

8. a. Mother Father	b. Mother Father
Name (include maiden name, married names, and former names or aliases):	Name (include maiden name, married names, and former names or aliases):
Current or last address known:	Current or last address known:
Date and place of birth:	Date and place of birth:
Tribe, band, and location:	Tribe, band, and location:
If available, enrollment number or BIA/tribal agency:	If available, enrollment number or BIA/tribal agency:
If deceased, date and place of death:	If deceased, date and place of death:
Additional information:	Additional information:

CASE NAME: CASE NUMBER:	
-	
9. a. Maternal Paternal grandmother grandfather	b. Maternal Paternal grandfather
Name (include maiden name, married names, and former names or aliases):	Name (include maiden name, married names, and former names or aliases):
Current or last address known:	Current or last address known:
Date and place of birth:	Date and place of birth:
Tribe, band, and location:	Tribe, band, and location:
If available, enrollment number or BIA/tribal agency:	If available, enrollment number or BIA/tribal agency:
If deceased, date and place of death:	If deceased, date and place of death:
Additional information:	Additional information:
c. Maternal Paternal grandmother grandfather	d. Maternal Paternal grandfather
Name (include maiden name, married names, and former names or aliases):	Name (include maiden name, married names, and former names or aliases):
Current or last address known:	Current or last address known:
Date and place of birth:	Date and place of birth:
Tribe, band, and location:	Tribe, band, and location:
If available, enrollment number or BIA/tribal agency:	If available, enrollment number or BIA/tribal agency:
If deceased, date and place of death:	If deceased, date and place of death:
Additional information:	Additional information:

CASE NAME: CASE NUMBER:	
-	
10. a. Maternal Paternal grandfather	b. Maternal Paternal grandmother grandfather
Name (include maiden name, married names, and former names or aliases):	Name (include maiden name, married names, and former names or aliases):
Current or last address known:	Current or last address known:
Date and place of birth:	Date and place of birth:
Tribe, band, and location:	Tribe, band, and location:
If available, enrollment number or BIA/tribal agency:	If available, enrollment number or BIA/tribal agency:
If deceased, date and place of death:	If deceased, date and place of death:
Additional information:	Additional information:
c. Maternal Paternal grandmother grandfather	d. Maternal Paternal grandfather
Name (include maiden name, married names, and former names or aliases):	Name (include maiden name, married names, and former names or aliases):
Current or last address known:	Current or last address known:
Date and place of birth:	Date and place of birth:
Tribe, band, and location:	Tribe, band, and location:
If available, enrollment number or BIA/tribal agency:	If available, enrollment number or BIA/tribal agency:
If deceased, date and place of death:	If deceased, date and place of death:
Additional information:	Additional information:

ADOPT-226 CASE NAME: CASE NUMBER: Birth father is named on birth certificate. Unknown Unknown Birth father has acknowledged paternity. Unknown There has been a judicial declaration of parentage. Other alleged parent (name each): The following optional questions may be helpful in tracing the ancestry of any person alleging Indian descent. 15. Have you or any members of your family ever attended an Indian school? Yes No Unknown Dates attended Location of school Name and relationship to child Type of school 16. Have you or any members of your family ever received medical treatment at an Indian health clinic or U.S. Public Health Service │ No └─ hospital? Unknown Location of treatment Type of treatment Dates treatment received Name and relationship to child 17. Have you or any members of your family ever lived on federal trust land, a reservation or rancheria, or an allotment? Unknown Name and relationship to child Name and address Dates living at this address 18. Tribal affiliation and location (check any that apply): 1906 Final Roll Name of relative: The 1906 Final Roll was prepared by the Dawes Commission. Individuals who allege to be of Chickasaw, Creek, Cherokee, Choctaw, or Seminole ancestry from Oklahoma must provide the name of a relative who is listed on the Final Roll of 1906. Roll of 1924 Name of relative:

The Roll of 1924 relates to the Eastern Band of Cherokees, who were from states other than Oklahoma (such as North Carolina, Georgia, Mississippi, or another southeastern state). Individuals who allege to be of Eastern Cherokee descent

Roll number, if available:

must provide the name of a relative listed on the Roll of 1924.

California Judgment Roll

			ADOPT-226
CASE NAME:		CASE NUMBER:	
<u> </u>			
	CERTIFICATE OF MAILING		
	(To be completed by cooled worker probation officer or clark o	f invenile court)	

(To be completed by social worker, probation officer, or clerk of juvenile court)

I certify that a copy of the *Notice of Agency or Independent Adoption Proceedings for a Possible Indian Child*, with a copy of the adoption potition, was mailed as follows. Each appropriate an applicated in an application with postage for registered or certified mailers.

I certify that a copy of the *Notice of Agency or Independent Adoption Proceedings for a Possible Indian Child*, with a copy of the adoption petition, was mailed as follows. Each copy was enclosed in an envelope with postage for registered or certified mail, return receipt requested, fully prepaid. The envelopes were addressed to each person, tribe, and bureau indicated below. Each envelope was sealed and deposited with the United States Postal Service at *(place)*:

on *(date)*:

Date:	Title:	
Department:		
	•	
(TYPE OR PRINT NAME)	(SIGNATURE)	

This form and any return receipts must be filed with the court.

List all persons, tribes, and agencies that were provided notice, with their full mailing addresses (attach extra sheets if necessary):